UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per form......16.00

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					



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Name of Offering (check if this is an a	mendment and name has changed, and i	ndicate change.)		11000	66.11611
Series B Convertible Preferred Stock	and Warrants to Purchase Common	Stock		107	ST 4961
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing:	×	New Filing		☐ Amendment	
	A. BASIC ID	ENTIFICATION D.	ATA		
1. Enter the information requested about	ut the issuer				
Name of Issuer (check if this is an ame	endment and name has changed, and ind	icate change.)			
ViroLogic, Inc.					
Address of Executive Offices	(Number and Street,	City, State, Zip Code)	Telephone Num	ber (Including Area Co	de)
345 Oyster Point Boulevard, South Sa	n Francisco, CA 94080		(650) 635-1100		
Address of Principal Business Operations	(Number and Street, City, State, Zip Co	ode)	Telephone Num	ber (Including Area Co	de)
(if different from Executive Offices)				L. in	
Brief Description of Business Clinical lab services			4 10		PROCESSED
			<u>/ 1</u>		HOOLOGG
Type of Business Organization			/ KPR U	9 2002	Jan 4 0 2002
corporation	☐ limited partnership, already form	ned	#1 1	other (please spec	APR 13 FOOL
☐ business trust	☐ limited partnership, to be formed	t e	*		- LOACON
			<u>Year</u>		THOMSON
Actual or Estimated Date of Incorporation	n or Organization;	11	1995	121	FINANCIAL
Invidiation of Incorporation or Organiza	tion: (Enter two-letter U.S. Postal S	Carrios abbraviation fo	r Ctoto:	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Organiza	CN for Canada; FN for other		sout.	f	CA
	C 15. Canada, 111 for other	isit-gr. jur.suiction/	·		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Box(e) that Apply: Full Name (Last name first, if individual) Basiness or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) Sortius Basines or Residence Address (Number and Street, City, State, Zip Code) Sortius Basines (Last name first, if individual) Busines or Residence Address (Number and Street, City, State, Zip Code) Sortius Basines (Last name first, if individual) Sock Capital Advisors, LLC, Ty Long Ridge Road, Stamford, CT 96902 Check Boxes Ponnoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sock SA, Capital Advisors, LLC, Ty Long Ridge Road, Stamford, CT 96902 Check Boxes Ponnoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) SSD Merchant Fund, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital Partner, LLC, I Sound Shore Drive, Suite, Zip Code) Obs SD Capital State Start Street, 2dth Floor, New York, NY 10022 Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Obs Capital State Start Street, 2dth Floor, New York, NY 10022 Check Boxes Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Bus	Check	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
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that Apply: Full Name (Last name first, if individual) Barker, Frank Business or Residence Address (Number and Street, City, State, Zip Code) c/o ViroLogic, Inc., 345 Oyster Point Boulevard, South San Francisco, CA 94080 Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply: Full Name (Last name first, if individual) Bui, Tien		set Management AG, Vorder	gasse 3, CH-8200 Schaffhause			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o ViroLogic, Inc., 345 Oyster Point Boulevard, South San Francisco, CA 94080 Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply: Full Name (Last name first, if individual) Bui, Tien		☐ Promoter	☐ Beneficial Owner	E Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o ViroLogic, Inc., 345 Oyster Point Boulevard, South San Francisco, CA 94080 Check Promoter Beneficial Owner Executive Officer Director Managing Partner Box(es) that Apply: Full Name (Last name first, if individual) Bui, Tien	Full Name (Last	name first, if individual)				
c/o ViroLogic, Inc., 345 Oyster Point Boulevard, South San Francisco, CA 94080 Check Promoter Beneficial Owner Executive Officer Director Managing Partner Box(es) that Apply: Full Name (Last name first, if individual) Bui, Tien						
Check Promoter Beneficial Owner Executive Officer Director Managing Partner Apply: Full Name (Last name first, if individual) Bui, Tien				0.4000		
Box(es) that Apply: Full Name (Last name first, if individual) Bui, Tien		<u></u>	<u></u>		Ma	<u> </u>
Bui, Tien	Box(es) that	Li Promoter	☐ Bene⊓cial Owner	Executive Officer	Director	
	,	name first, if individual)				
business of Residence Address (Number and Street, City, State, Etp Code)		dence Address (Number and St	treet, City, State, Zip Code)			
c/o ViroLogic, Inc., 345 Oyster Point Boulevard, South San Francisco, CA 94080		•		94080		

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	name first, if individual)				
Hartwig, Kares					
	dence Address (Number and States, 345 Oyster Point Boulev	reet, City, State, Zip Code) ard, South San Francisco, CA	94080		
Check	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or
Box(es) that Apply:					Managing Partner
	name first, if individual)				
Hellmann, Nick					
	dence Address (Number and Str				
	Inc., 345 Oyster Point Boulev	ard, South San Francisco, CA			·
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last Hibbs, Kathy	name first, if individual)				
	dence Address (Number and Str				
		ard, South San Francisco, CA			
Check Boxes that Apply:	Promoter	Beneficial Owner	EE Executive Officer	☐ Director	General and/or Managing Partner
•	name first, if individual)				
Petropoulos, Cl					
	dence Address (Number and Str		0.4000		
		ard, South San Francisco, CA		p+44	
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last Wilson, Karen	name first, if individual)				
	dence Address (Number and Str	reet City State 7 in Code)			
		ard, South San Francisco, CA	. 94080		
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	E Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Wray, Patricia	,				
	dence Address (Number and Str	reet, City, State, Zip Code)			
		ard, South San Francisco, CA	94080		
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last Young, William	name first, if individual)		and a second		
	dence Address (Number and Str	reet, City, State, Zip Code)			
		ard, South San Francisco, CA	94080		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
	name first, if individual)	· · · · · · · · · · · · · · · · · · ·			
Jenkins, William					
Business or Resi	dence Address (Number and St	treet, City, State, Zip Code)	······································		· · · · · · · · · · · · · · · · · · ·
c/o ViroLogie, l	Inc., 345 Oyster Point Boulev	ard, South San Francisco, CA	94080		

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Pro Box(es) that	noter	☐ Executive Officer	Director	General and/or Managing Partner
Apply:	4 (C) 4(c) 4(c)		——————————————————————————————————————	
Full Name (Last name fir Jennings, Edmon	a, ii maivadai)			
	dress (Number and Street, City, State, Zip Code)		
	Oyster Point Boulevard, South Sau Francisco			
Check Pro Box(es) that Apply:	noter	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	t, if individual)			<u> </u>
Kepner, Cristina	,			
	dress (Number and Street, City, State, Zip Code)			
	Oyster Point Boulevard, South San Francisco	o, CA 94080		
Check Boxes Pro	noter	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	t, if individual)			
Persing, David				
	dress (Number and Street, City, State, Zip Code) Oyster Point Boulevard, South San Francisco			
Check Boxes Pro		DExecutive Officer	☐ Director	☐ General and/or
that Apply:	iolet abelieticiai Owliei	Larracutive Officer	C DIWIO	Managing Partner
Full Name (Last name fir	st, if individual)			
Business or Residence Ad	dress (Number and Street, City, State, Zip Code)			
Check Boxes	moter	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)			
Business or Residence Ad	dress (Number and Street, City, State, Zip Code)			
240,1400 0, 1400,000,000	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
Check Boxes	moter	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)			
		···		
Business or Residence Ac	dress (Number and Street, City, State, Zip Code)			
Check Boxes Pro	noter	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)			
Business or Residence Ac	dress (Number and Street, City, State, Zip Code)			
Check Pro Box(es) that Apply:		☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name fir	st, if individual)			
Business or Residence Ad	dress (Number and Street, City, State, Zip Code)		

7 V .	T. (271), 100 (100)					والمرابع المرابع				والمناطقين والما		
1.	Has the issuer so	old, or does the issu	uer intend to se			estors in this on andix, Column	-			*************	Yes N	0 <u>X</u>
2.	What is the mini	mum investment t	hat will be acc	epted from a	ıny individu	al?					\$ 10,000	0.00
3.	Does the offering	g permit joint own	ership of a sing	tle unit?		••••••	***************************************		•••••••		Yes N	o <u>X</u>
4.	purchasers in co and/or with a sta	nation requested for nnection with sale ate or states, list the ation for that broke	es of securities e name of the	in the offer broker or de	ing. If a pe	rson to be lis	ted is an ass	sociated perso	n or agent of a	a broker or de	ealer register	ed with the SEC
Not	applicable.											
Full	Name (Last name	e first, if individua	il)					······································		·····		
Busi	iness or Residence	e Address (Numbe	r and Street, C	ity, State, Z	ip Code)							
Non	ne of Associated E	Proton on Donlar		- <u>-</u>		······································		····	·	 	· · · · · · · · · · · · · · · · · · ·	
Nan	ne of Associated E	stoker of Dealer										
State	es in Which Perso	n Listed Has Solid	ited or Intends	to Solicit P	urchasers							
(Che	eck "All States" o	r check individual	States)	***************************************						••••••	••••••	
[AL] [AK	[AZ]	[AR]	[CA]	[CO]	[CT]	{DE}	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[ŁA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ĮΜΊ	[NE	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] [SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last name	e first, if individua	1)									
D	Dd	Address (Numbe	d Ctroad C	- C4-4- 7	in Code)							
Dus	mess of Residence	e Address (Manifoc	and succe, C	ny, State, Z	ip code)							
Nan	ne of Associated E	Broker or Dealer							· · · · · · · · · · · · · · · · · · ·			
State	es in Which Perso	n Listed Has Solid	ited or Intends	to Solicit P	urchasers						· · · · · · · · · · · · · · · · · · ·	···········
(Che	eck "All States" o	r check individual	States)							••••	••••	🗆 All States
[AL] [AK	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[iD]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ĮΜΊ] [NE	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	(WY)	[PR]
Full	Name (Last name	e first, if individua	i)									
Bus	iness or Residence	e Address (Numbe	r and Street, C	ity, State, Z	ip Code)							
Nan	ne of Associated E	Broker or Dealer	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·			•
1 1022	NO OT PESSOCIATION L	FORCE OF DELICE										
Stat	es in Which Perso	n Listed Has Solid	ited or Intends	to Solicit P	urchasers					·····		
(Che	eck "All States" o	r check individual	States)			•••••••••••			***************************************	••••••		🗆 All States
JAL] [AK	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MI			(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	{OK}	[OR]	[PA]
(RII			ITNI	ITXI	ת ידיו	(VT)	(VA)	IVAI	rwyi	rwn	(WV)	(PR)

B. INFORMATION ABOUT OFFERING

 Enter exch 	er the aggregate offering price of securities included in this offering and the total amount already sold. Entange offering, check this box and indicate in the columns below the amounts of the securities offered for	ter "0" if answer is "none" (or exchange and already exc	or "zero." If the transaction is changed.
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	\$	\$
	Equity	\$ <u>10,050,000.00</u>	\$ <u>10,050,000.00</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$ 5,527,514.12*	\$ 5,527,514.12*
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 15.577.514.12*	\$ 15,577,514,12*
	Answer also in Appendix, Column 3, if filing under ULOE.		
and person	the number of accredited and non-accredited investors who have purchased securities in this offering the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of ons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. or "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors	15	\$ <u>15.577.514.12*</u>
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
by th	is filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold he issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of irities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
this be g	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in offering. Exclude amounts relating solely to organization expenses of the issuer. The information may given as subject to future contingencies. If the amount of an expenditure is not known, furnish an mate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	選	\$ 60,000.00
	Accounting Fees		\$
	Engineering Fees.		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (Identify)		\$
	Total	12	\$ 60,000,00

* Includes amounts receivable by the Company upon the exercise of the warrants to purchase Common Stock. Such warrants have not yet been exercised.

C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND	USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted gross" 	onse to Part C - Question 1 and s proceeds to the issuer"	total expenses furnished in	\$ <u>15,517,514.12</u> +
 Indicate below the amount of the adjusted gross proceeds to the issuer used of amount for any purpose is not known, furnish an estimate and check the bo- must equal the adjusted gross proceeds to the issuer set forth in response to F 	x to the left of the estimate. The t	the purposes shown. If the otal of the payments listed	
	•	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		□ s	S
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s
Construction or leasing of plant buildings and facilities		□ s	□ s
Acquisition of other businesses (including the value of securities involved in the exchange for the assets or securities of another issuer pursuant to a merger)		s	□ s
Repayment of indebtedness		□ s	S
Working capital		□ s	X \$ <u>15.517.514.12*</u>
Other (specify):	· · · · · · · · · · · · · · · · · · ·	□ s	□ s
		□ s	
Column Totals		□ s	×\$15,517,514.12*
Total Payments Listed (column totals added)		× \$ 15,517,5	
* Includes amounts receivable by the Company up warrants to purchase Common Stock. Such warrant exercised.			
D. FED	ERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly autundertaking by the issuer to furnish to the U.S. Securities and Exchange Commaccredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature _ 1 1 =		Date
ViroLogic, Inc.	MIL		April 3, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Kathy Hibbs	General Counsel		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

: مجينار	E. STA	TE SIGNATURE					
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?						
	See Appendix, C	folumn 5, for state response.					
2.	The undersigned issuer hereby undertakes to furnish to the state administrator as required by state law.	r of any state in which the notice is filed, a notice on Form D (17 CFR	239.500) at	such times			
3.	The undersigned issuer hereby undertakes to furnish to any state administrato	rs, upon written request, information furnished by the issuer to offered	s.				
4.	The undersigned issuer represents that the issuer is familiar with the condition the state in which this notice is filed and understands that the issuer claiming been satisfied.	· ·		,			
The	e issuer has read this notification and knows the contents to be true and has duly	caused this notice to be signed on its-behalf by the undersigned duly	authorized per	rson.			
Issu	er (Print or Type)	Signature / C 1	Date				
Vir	oLogic, Inc.	Milde	April 3, 20	02			
Na	ne (Print or Type)	Title (Print or Type)					
Ka	thy Hibbs	General Counsel		- 1			

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

to non-accredited offering price Type of investor and yes, investors in State offered in state amount purchased in State explanati (Part B-Item 1) (Part C-Item 2) granted (APPENDIX				
Type of investors in State (Part B-Item 1)	5				4		3	2		1
State Yes No	nalification tate ULOE (if s, attach tion of waiver (Part E-Item 1)	yes, i explanatio granted (F		d in State	ount purchase	ar	and aggregate offering price offered in state	accredited rs in State	to non- investo	
AK AZ AR CA CO CO CT DE DC FL GA HI ID IIL IN IN IA KS KY LA ME MD MA	No		Amount	Non- Accredited	Amount	Accredited		No	Yes	State
AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA										AL
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APPENDIX 5 2 3 Disqualification under State ULOE (if yes, Type of security and aggregate offering price offered in state Intend to sell Type of investor and amount purchased in State (Part C-Item 2) attach explanation of waiver granted (Part Eto non-accredited investors in State (Part B-Item 1) (Part C-Item 1) Item 1) State Yes Number of Amount Number of Amount Yes No Accredited Non-Accredited Investors Investors MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv

WI WY PR